TRA		EXPENSE CLAIM T	raveler ID	Unit Cod	e A	s and *Pri	_	ement on I	Revei	se Side	B	K Trip?		O No
	262 (REV. NT'S NAM		<u>MUIIVAL</u>		SSN OR	STAFF ISSN OR EMPLOYEE NUMBER*					Page	of	Pages	
Karen Baker 2008-2009					2008TEC1766							PR		
Secretary of Volunteering and CB/ID NO.: EXEMPT							California Volunteers						PCA # 21401	
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS 1110 K Street Suite 210						TELEPHONE NUMBER 916-323-7646	
CITY STATE ZIP CODE							CITY					STATE	<u> </u>	ZIP CODE
Sacramento			A .			Sac	Sacramento)		· CA		958	14
Oct 2		LOCATION	(4)	(5) MEALS		(6)		·		TRANSPORTATI		(D)	(8)	(9)
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE,	PRIVAT MILES	E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
10/6	1200	Sac/South Lake Tahoe	\$180.24			\$18.00						\$0.00	\$8.48	\$206.72
10/7	1900	South Lake Tahoe/Sac				\$16.57	(p:00					\$0.00		22,5
											:	\$0.00		\$0.00
												\$0.00		\$0.00
	-											\$0.00		\$0.00
												\$0.00		\$0.00
							ர ந	G O W				\$0.00		\$0.00
	_					**************************************	LG W		<u>1</u> 1	And Street and the st		\$0.00		\$0.00
	-						JAN	2 0 2 0	0	- The state of the		\$0.00		\$0.00
•								ANNING &		904 -		\$0.00		\$0.00
10)	-				·1.		ADA MNIST	KATIVE SER	/ICE)			\$0.00		\$0.00
	+											\$0.00		\$0.00
	1											\$0.00		\$0
SUBTOTALS			\$180.24			\$34.57	U.00					o	\$8.48	229.7
	<u>co</u>	OMN CODE (ACCTG USE ON	Y)			***************************************								
										CLAIM	OTAL		22	9.29
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											/10\ N	IORMAI MIOE	SK HUI IBG	
Attended COAC Meeting and CESA Conference											(13) PRIVATE VEHICLE LICENSE NUMBER			
Carpooled-therefore no mileage.											(14) [MILEAGE RAT	4ybd2 TE CLAIMED	89
K (0.	St di	nner receipt f	or 1011	0-41	10.00				_		AGENCY AGEOUNTALE COTAGE			
									-	_		LESE REVOLVING	ONLY	
									-		-		\$0.	- 1
HEREBY ivately ov aimed, ar	CERTIFY vned vehice and that I ha	That the above is a true statement of the tra le was used, and if mileage rates exceed the ve met the requirements as prescribed by S.	vel expenses ir minimum rate AM Sections 07	ncurred by m , I certify that 750, 0751, 07	e in accordance t the cost of op 752, 0753, and	ce with DPA re perating the ve d 0754 pertain	lles in the ser chicle was equing to vehicle	vice of the Stat ual to or greated safety and sea	e of Ca than the the contract t	lifornia. If ne rate sage.	ı			
	ANT'S SIG		T	ATE /	19			OFFICER APPE			AND PA	YMENT	DATE //	
7) SPECI	AL EXPEN	SE AUTHORIZATION - SIGNATURE and T	ITLE (See Iten	17 on fever	rse)	11/11	vu	1200	7/1	100			/ ' / G	·/U